Animal Specimen Submission Form

STATE LABORATORY INSTITUTE
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Tel. 617-983-6200

Do not use this space

PLEASE PRINT DO NOT ABBREVIATE

1. SEND RESULTS TO :
Facility/Veterinarian

Full Address

Phone number : ( )

2. OWNER / ANIMAL INFORMATION :
Owner's Name and Full Address

Phone ( )
If applicable, stable / farm name and address

Animal Name / ID

3. CONTACT INFORMATION:
Name

Phone Number: ( )

4. Sex ☐ M ☐ F ☐ CM ☐ SF

5. AGE

Breed

DATE OF ONSET OF SYMPTOMS: ____ / _____ /_____

6. TEST(s) REQUESTED:

_____

Reason: ☐ Symptomatic ☐ Die off ☐ Surveillance ☐ Confirmation ☐ Necropsy

Presumptive ID: _____

Clinical Information: ☐ Meningitis ☐ Unsteady gait ☐ Encephalitis ☐ Muscle Weakness ☐ Muscle Tremors ☐ Paralysis ☐ Alive ☐ Dead ☐ Euthanized

Date of death: ____ /_____/ _____

7. SPECIES:
☐ AVIAN ☐ OVINE
☐ BOVINE ☐ PORCINE
☐ CANINE ☐ PRIMATE
☐ CAPRINE ☐ REPTILE
☐ EQUINE ☐ _____
☐ FELINE

8. FOR SEROLOGY:

☐ Serum ☐ Spinal Fluid (CSF)

☐ Acute ☐ Convalescent ☐ Late Convalescent

Date Collected _____/_____/_____

9. FOR CULTURE: **Specimen submitted is**: (Please check one) ☐ **Original Material** ☐ **Subculture (complete both dates on line below)**

Complete these dates: Original Material Collected: _____/_____/_____ **Subculture made:** _____/_____/_____

10. SOURCE OF ORIGINAL MATERIAL / SUBCULTURE:
Has specimen been preserved? ☐ No ☐ Yes, Specify _____

☐ Blood (whole)
☐ Brain
☐ Cloacal
☐ CSF
☐ Fecal
☐ Plasma
☐ Serum
☐ Urine
☐ Wound (site) _____
☐ Other (specify) _____
☐ Tissue (specify) _____
☐ Isolate (site) _____

11. VACCINATIONS:

	1st Dose (Mo/Yr)	**2nd Dose (Mo/Yr)**
EEE/WEE	____/ ____	____/ ____
WNV	____/ ____	____/ ____

12. EPIDEMIOLOGICAL INFORMATION:

Symptoms, Date of Onset and Duration_____

_____

Travel History (dates of travel)_____

Human/Animal/Arthropod Contact (specify) _____

Previous Laboratory Results_____

Other Relevant Vaccinations (give dates) _____

Additional Information:_____

_____

INSTRUCTIONS: If a section does not apply to a given situation, write N/A (not applicable). For more information on SLI testing, see the SLI Manual of Tests and Services at http://www.mass.gov/dph/bls/